

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/368,542	FILING DATE 7-26-99					
						APPLICANT(S)						
B CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/			51						
2						52						
3						53						
4						54						
5						55						
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42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	4	/		3	/		TOTAL IND.					
TOTAL DEP.	51			51			TOTAL DEP.					
TOTAL CLAIMS	55			49			TOTAL CLAIMS					